

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-039180**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 530

**FILED OCT 29 1962**

**1. PLACE OF DEATH**

a. COUNTY

**Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Joplin**

Length of stay in 1b  
**20 Min.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Freeman Hospital**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Jasper**

c. CITY OR TOWN **Webb City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**918 W. Broadway**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First **Ivan**

Middle **J.**

Last **Landon**

4. DATE OF DEATH  
Month **October** Day **20** Year **1962**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

**7-10-1907**

**9. AGE** (last birthday)

**55**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Carpenter**

**10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and state or country)  
**Anderson, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

**13a. FATHER'S NAME**

**George Landon**

**13b. MOTHER'S MAIDEN NAME**

14. NAME OF HUSBAND OR WIFE  
**Violet Landon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

**16. SOCIAL SECURITY NO.**

17. INFORMANT  
**Violet Landon, 918 W. Broadway, Webb City, Mo.**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH  
**2 1/2 hours**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at **12:15A** m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

**22b. ADDRESS**

**22c. DATE SIGNED**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

**23b. DATE**

**10-22-62**

**23c. NAME OF CEMETERY OR CREMATORY**

**Anderson Cemetery**

**23d. LOCATION** (City, town, or county)

**Anderson, Missouri**

(State)

**24. FUNERAL DIRECTOR**

ADDRESS

**Johnston-Simpson, Webb City, Mo.**

**25. DATE RECD. BY LOCAL REG.**

**10-24-1962**

**26. REGISTRAR'S SIGNATURE**

**Dore Merriam**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

**0499**  
**0495**

**3**

**4 0**

**5 1**

**6**

**7 0**

**8 2**

**9420.1**

**10**

**11**

**124-0**

**132-0**

NOV 7 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.